

Guardian Homecare UK Ltd

Guardian Homecare (Basildon)

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We carried out an announced comprehensive inspection on 6 January 2016.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Guardian Homecare (Basildon) provides a domiciliary care and supported living service and is registered to deliver personal care to people in their own homes. The agency employed 77 staff who provided a service to 104 people.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. The policy and practice of administering people's medicines was delivered safely.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. People were treated with kindness and respect by staff and their dignity was maintained.

Staff understood people's needs and provided care and support accordingly. They had a good relationship with the people they supported.

People were involved in their care planning and arrangements. An effective system was in place to respond to complaints and concerns.

The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service were identified, these were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to protect people from harm and to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed the correct procedures for supporting people with taking their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Consent from people or their relatives was obtained before support and care was provided.

People were supported to access healthcare professionals when needed.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The management of the service was open and effective. The management demonstrated a commitment to providing an individualised service to people.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Good



Guardian Homecare (Basildon)

Detailed findings

Background to this inspection

We carried out an announced inspection on 6 January 2016. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by two inspectors.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection, we spoke with the registered manager and administrative staff at their office location. We reviewed four people's care records, six staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to six people who used the service and three relatives and received information from four members of care staff.

Is the service safe?

Our findings

People told us that they felt safe and comfortable with the staff who visited them. One person said, “They treat me nicely and I feel safe with them. “Another said, “I feel safe with the girls and there is nothing wrong with them at all.”

Staff understood their roles and responsibilities regarding safeguarding people and protecting them from harm. They were able to demonstrate how to report concerns should they see or hear anything which concerned them. Staff were encouraged to raise concerns and one staff member told us, “I didn’t have any hesitation when I raised a safeguarding and I am glad I did, and it all got sorted out nicely.”

Where safeguarding concerns were raised, they were dealt with appropriately by the service. Evidence of investigations undertaken and meetings with the local authority showed that people were supported and protected whilst their freedom and autonomy was respected.

People’s care records included risk assessments and guidance for staff on how these risks were minimised. These included risk assessments associated with a person’s mobility, nutritional needs, their behaviour and ability to take their medicine. People and/or their relatives were involved in discussing their needs and requirements and we saw that these were recorded appropriately. This meant that people could live their lives as independently as possible and be supported to take risks associated with everyday living as these had been discussed and people could make decisions about the risks to their health, wellbeing and safety. Reviews of people’s care were undertaken to ensure that the risk assessments were up to date and reflected their current needs.

We saw that there were emergency arrangements in place within the person’s home so that staff were aware of the action to take with regards to accidents and incidents. Any safety concerns in the environment were recorded such as possible risks from cleaning tasks, allergies and if someone could not open the door themselves. Information was recorded which showed how these risks were reduced with certain procedures in place. Staff were aware of the risks to people and to themselves whilst being in their homes. One staff member said, “I always check that a person’s home

and equipment is OK before I leave, you never know what could happen.” Accidents and incidents were recorded and changes made to the risk assessments as appropriate to reduce the risk of these happening again.

The manager told us that they had enough staff employed with the right skills and experience to keep people safe and well cared for. Staff were placed into ‘teams’ for people who received the service on a 24 hour basis to ensure consistency and continuity. People told us that staff were well trained and knew how to do their work. One person said, “They train them well as I don’t have to tell them what to do all the time.” One family member told us, “I am really assured by them when they come to [relative] as they seem so confident and know what they are doing.”

People were protected by the service’s recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before staff were allowed to work in the service.

We saw that disciplinary processes had been followed where unsafe practice had been found.

The manager told us that they had a medicine policy and procedure in place. Staff we spoke with told us that they had read this as part of their induction and refresher training.

The staff confirmed that they had completed medicine administration training. The team leaders for each geographical area they covered completed spot checks on their competency to administer medicines safely. We saw these were recorded in their staff files. One staff member told us, “I administer medication to the people I support and understand what it is for and how important it is to get it right. I have received medication training and I have been observed giving medication to people in their home.”

The medicines that people took were recorded in their care plans. It was recorded if they self-administered their medicine, were prompted or were assisted by staff and what support was required. Risk assessments had been undertaken where people needed support to understand their medicines and how they should be stored and disposed of. Important information about how people communicated their consent and pain control was evident. For example, one care plan said, “I am not able to verbalise

Is the service safe?

my consent or communicate with you directly.” Another said, “My pain and distress are indicated by me crying.” People’s needs were met appropriately and safely and in a respectful way.

The medicine administration records (MAR) charts we saw confirmed that staff administered medicine for people

correctly and records were completed in the correct way. People and their relatives told us they received or were supported to take their medicine in the right way and at the right time. One person said, “They help me with my tablets as its hard for me to take them on my own.”

Is the service effective?

Our findings

People who use the service told us that the staff provided them with very good care that met their needs and enabled them to stay in their own homes. One person said, “Oh the girls are great, they help me stay at home, bless them.”

The induction process for staff was comprehensive and involved training, understanding the systems and processes the service had in place including whistleblowing, shadowing experienced staff, and meeting people who used the service. Staff said they felt ready for the role and supported during and after the induction process.

Staff told us that a good schedule of training was provided to them covering all aspects of meeting people’s needs. One staff member said, “It is expected of us to attend training and that is how it should be. We all need to keep up to date to help the people we work with.” Another staff member said, “Guardian are quite strict in terms of training and when it is time for training to be renewed you are asked to attend.”

A programme of face to face training sessions and online learning were completed on a regular basis enabling staff to learn new skills and update and refresh their knowledge. With the introduction of the Care Certificate (which aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care), the registered manager told us that all staff were now completing this programme of learning. In addition, a number of staff were undertaking their Qualifications and Credit Framework (QCF) in social care level two and three and the registered manager was completing level five.

One to one supervision meetings were held with staff. This provided a forum for them to discuss their role and responsibilities and to be aware of developments in the service. An appraisal system was in place. Records in their personnel file showed that they were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice.

Spot checks and observations of practice were carried out and recorded to assess how staff were carrying out their role. These were used to develop staff knowledge and skills in order to better support people they supported. Staff told

us that they felt supported in their role and they knew who to go to if they had any concerns. Staff were given the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and support was provided and the staff acted on their wishes. People’s records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care. It was also recorded where they could not sign themselves but who supported them with making decisions. One person said, “My care workers can support me to communicate by talking to me and knowing my signs.”

Staff had received guidance and training on their responsibilities of the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people.

Where people required assistance with food and drink, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They help prepare meals. They prepare whatever I have in and that is OK with me.”

People’s records identified their requirements regarding support needed in maintaining a healthy diet and drinking enough and the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. One family member said, “The carers keep an eye on what my [relative] has to drink as they do not drink enough. They encourage them in a gentle way which usually gets a good response.”

People were supported to maintain good health and have access to healthcare services. The registered manager had good links with health and social care professionals and consent was sought from people when staff made referrals for additional support. Changes to people’s care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and timely.

We saw an example of where a referral was made quickly for one person when their health needs changed. A staff member raised a concern that a person needed more assistance as they were unsafe. A joint visit with an occupational therapist resulted in an increase in the support provided to the person. This action was based on best practice from staff who supported people effectively in order that they can maintain their independence and remain at home.

Is the service caring?

Our findings

People and their relatives told us that the staff were very thoughtful, caring and considerate. The care and support they received was given in a respectful and polite way. One person told us, “They are lovely, really good girls.” A relative said, “Without them I don’t know what we would do, they are all so friendly.”

Information was available to show that people were involved in making decisions about their care and support where this was possible. We saw that prior to the service being agreed, people or their relatives had provided information to support the completion of the care plan. If people were funded via social services or health, we saw that a pre-assessment of their needs had been completed by a social worker and this provided comprehensive information about the person’s needs and requirements. The service used this information to put in place a plan of care and support.

People told us that their views were listened to by the staff and changes were put in place as and when needed. People also told us that they had been asked to provide feedback about the quality of care provided at regular intervals so that it was appropriate to their needs. One person said, “I am happy with the support I get. I feel that I have been involved in deciding what support I need and when I need it.”

People were supported to achieve their goals, encouraged to make choices and to retain their independence. We saw examples of where people who received 24-hour care had enjoyed daily activities, learnt new skills, accessed the community and maintained important relationships. One person said, “The staff help me every day to do things for myself and they do things for me that I can’t.”

Staff members told us, “I love my job.” Another said, “The people I visit are great, they make my job really nice.” Another said, “I enjoy the time spent with the service users, they are good fun.”

People told us they were treated with dignity and their privacy was respected. One person said, “I have always found them to be respectful of my things and of me. I really trust them.” Another said, “So polite and chatty.” A relative said, “The carers were strangers at first but it didn’t take long to get to know them as they were friendly, kind and fitted in easily.”

The service provided staff who developed and maintained positive caring relationships with people who used the service and their relatives. They respected and promoted people’s dignity and human rights.

Is the service responsive?

Our findings

People told us that the service responded to their needs in an individual way and respected their preferences, likes and dislikes and took into account their views and opinions. One person said, “They don’t take anything for granted the carers. They always check things out before doing them, they are good like that.”

The support plans were written in an individual and personalised way i.e. written as if the person had written it himself or herself. The plans covered all aspects of a person’s individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. It also included ensuring that people’s sensory needs were met. Where relevant, a life history was included so that staff knew something about the person’s life and interests.

People’s needs were met in a responsive way. People’s faith and cultural needs were recorded so that support could be given as and when required to meet their needs, for example religious factors which affected food and meal preparation. People could choose if they preferred a male or female worker to assist them with their personal care.

A daily notes book was used to record the tasks and activities undertaken for the person and to share any information of importance such as changes to the care

plan. We saw copies of some of the completed daily notes and the information about the person was written in a non-judgemental and sensitive way. One person said about the staff, “Nothing is too much trouble for them.”

Care plans were reviewed every year and/or when changes occurred to a person’s circumstances. The records we saw showed that the care plan was reviewed and updated to ensure they were responding to and meeting people’s changing needs and circumstances.

Guidance on how to make a complaint was contained in the service user guide and given to people when they first started using the service. The majority of people who used the service and their relatives we spoke with told us that they knew who to contact if they had any concerns or complaints. One person said, “I have had my carers from Guardian for quite some time and have never had any complaints.” Another said, “They are able to provide me with all the support I need. I have never had to make a complaint.” Another person told us, “I have not made a complaint recently but I had in the past because I kept getting lots of different carers and I liked to have the same ones. They did listen to my complaint and did something about it so I was satisfied.”

The registered manager told us that they were dealing with two complaints and comments made from the regular quality checks they undertake by phone. These related to missed calls and not knowing the names of staff arranged to visit. We saw that investigations into complaints or concerns had been carried out and information was recorded about the outcomes for people.

Is the service well-led?

Our findings

The views of people who used the service and their families were obtained through a system of quality monitoring. These included reviews of care plans, comments, compliments and complaints, satisfaction surveys, quality visits and telephone checks. We saw that actions from the issues raised in the surveys and telephone checks had been completed and further work on these issues was underway in the overall improvement plan. One person told us in response to a recent check on the telephone, “The manager rings up and keeps asking me the same question and every time they ring I get asked that question – are you happy with the service? I tell them each time - yes I am.”

The survey results for 2015 showed that people were satisfied with the service provided. One area for improvement was in relation to people being informed if their care worker was running late. Over a third of people said they were ‘Never’ informed but nearly two thirds said, ‘sometimes’ or ‘usually’. The results of the survey were being addressed in the improvement plan.

Staff were supported to question practice and procedures and most told us they were listened to by the senior staff and registered manager. Some staff told us that they had raised issues and these had been resolved satisfactorily whilst others felt that there was room for improvement in areas such as communication, rotas and time between calls. One staff member said, “The office listened to issues about service users but I never got any feedback to reassure me that an issue had been dealt with.” Another staff member said, “Overall, Guardian are a pretty good company and the office were doing their best. I love my job.”

Spot checks, planned supervision and appraisals of staff performance showed that the service knew its staff team and recognised the skills and experience they provided to people who used the service to ensure they received high quality care.

The registered manager was aware of the day-to-day culture of the service and was supported by staff to share the vision and values of the service. Staff told us that the registered manager was open and approachable as were the senior care staff and the staff in the office. They explained their role and responsibilities to the people and staff they worked with. Staff were motivated and knew what was expected of them.

Robust paper records were in place and were kept confidential. A data management system which monitored information in relation to staffing levels, numbers of visits, recruitment, timesheet entries for staff and missed calls. The registered manager and senior staff were able to analyse this information to form opinions about improvements to the service. For example, the phone system which was used by staff to log in and out of visits was monitored every day and was ‘live’. This could show if someone had missed or was late for a visit. This situation was then able to be dealt with quickly by a call to the person or replacement worker sent to the person so that they received their visit.

People received a service which was person centred, had effective management and delivered quality care to people in their own homes.